CTATE OF MADVIAND_CEDTIFICATE OF DEATH

County Viene George	75 Projection No. 1 1 2 3 2
0	Registration Dist. No.
Village or City Level Classon	No. St., Wi (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Robert F adams	If U. S. Veteran, specify WAR
(a) Residence: No. Leaf Pleasant	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Dey) (Yeer
ie. If married, widowed, or divorced	(Teel)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Yellended deceesed to
2 gmma 110 10000	, 19, to, 19
5. DATE OF BIRTH (month, day, end yeer) Mag, 2-1872.	elive on
7. AGE Yeers Months Days If LESS then	to have occurred on the dete steted above, et 2. Pm.
64 8 60 ormin.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER,	natural Causes
SAWYER, BOOKKEEPER, etc.	-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 3. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete decessed lest worked et 11. Totel time (yeers)	Drunkenness was a habitual drunkard
10. Dete decessed lest worked et 11. Total time (years)	- Chronic alcoholism- Certila
this occupation (month and spent in this occupation occupation	He lived aloney ior a worally diaty, one-room building!
man i in	Other Contributory Causes of importence:
12. BfRTHPLACE (city or town)	- Ha badly-decomposed body was found. He had
	- been dead about a week no first her fix-
13. NAME Frank adams	tory obtainables
14. BIRTHPLACE (city or town) Ellefandia,	Neme of operation
(State of county)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Amanda History 16. BIRTHPLACE (city or town) Muchanics ville Med	23. If deeth wes due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Muchanicsville Man	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did Injury occur?
7. INFORMANT MA TObest To lame	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hashington, D.C.	
8. BURIAL, CREMATION, OR REPOUVAL	Manner of injury
riacella as full clining Date you. 24, 1937	Neture of injury
19. UNDERTAKER Protection of	24. Wes disease or injury in eny wey releted to occupation of deceased?
(Address) There martoro, Mil"	If so, specify Rabe I & Bankon Action of coner
10:053 37 A County the Be	(Signed)
20. FILED JUNE 19 1 COMPANY	(Address) + prestule his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

should state

PHYSICIANS

stated EXACTLY. classified.

properly

UNFADING INK-THIS IS A PERMANENT RI

AGE should be

supplied.

mation should be carefully

CAUSE OF DEATH in plain terms, so that it may

ARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis \\ = 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

31

Registrar

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

V. S. No. 1 N. B.—

	CERTIFICATE OF DEATH 4361
1. PLACE OF DEATH	57.0
County Sunce Sparge	Registration Dist. No. 238
Village or City Oxon Helf Mud,	NoSt.,Ward
/ (lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Eduras arth	UZ_ If U. S. Veteran, specify WAR
(a) Residence: No anacastia DC W# 2	St., Ward.
(Usual place of abode) Oxo	Will Guld. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WARRIED WIDOWED.	21. DATE OF DEATH Office 17, 193 7
5a. If married, widowed, or divorced	yours, your,
HUSBAND OF Yora Elizabeth Arthus	22. I HEREBY CERTIFY. That ettended deceased from Oct 1, 1936, to april 7, 1937
6. DATE OF BIRTH (month, day, end yeer) May 13 . 1859	I lest saw h. My elive on april 6 , 1937; deeth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the dete steted above, et
77 10 24 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence
Trede, profession, or perticular	were as follows:
kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Carcenasia
9. Industry or business in which	and persolate
work was done, as SILK MILL, Owns Farm	Will Melaclaser
3 10. Date deceased lest worked et 11. Totel time (years)	to boule moderny
this occupation (month and spent 1436 spent in this occupation full	especially bours of pelits. 1736
and hill of	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) The Author (State or country)	
2 1 2 3	
13. NAME Samuel A. M. arthur	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of Country)	Whet test confirmed diegnosis? X. Ray Wes there an eutopsy?
15. MAIDEN NAME anna Ficleins	23. If death wes due to external causes (VIOL EACE) fill in also the following:
T SC DIDTUDE SOF (-ib) as Asses	Accident, suicide, or homicide? Date of Injury 19
16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur?
al e po 10.10. Al	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Marler Dalley arthur	Specify whether injury occurrent in POSIKT, IN HOME, OF IN POBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Washington A Bate apr. 7 1927	Menner of injury
riscella.	Neture of injury
19, UNDERTAKER James J. Olyan & mc	24. Wes diseese or injury in any way related to occupation of deceesed?
(Address) 319 60 00 At 911 1	If an engrify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis - V - V	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		940	
County Prence	Searged	Registration Dist. No. 245	5
Village or City 201	Restordale ne	R. No. 1200 Edmonton Ad. St., death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where		ds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Violet	Betty Birgi	q If U.S. Veteran specify WAR	
(a) Residence: No. 1200 &	(Usual place of abode)	of St., Bast Birerdale Mod, If nonresident give city or town and S	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Temale 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 Z • (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	illip Bizgia	22. HEREBY CERTIFY That I attended d	deceased from
6. DATE OF BIRTH (month, day, and year) M	N. 14, 1865	Hast saw h_ salive on April 25, 19.37	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the data statad above, atm.	
11 5	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of enset
8. Trade, profession, or particular kind of work done, as SPINNER,	.0	j Janes	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ouseurfe	- Angina Melorio.	4/25/3
O work was done as SILK MILL	at home	- Calmany Marzo.	7/14/3
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	71 A-10	Other Contributory Causes of importance: - Unleres Sciences	** ** ** ** ** ** ** ** ** ** ** ** **
(State or country)	vsva +	- Vactor Holmeter	
13. NAME AND RO	sonblatt	My oraclitas Che	
	Table	Name of operation Date of	
(State or country)	usoun	What test confirmed diagnosis? Was there an au	utopsy?
15. MAIOEN NAME De riollo	marriogy	23. If death was due to external causes (VIOLENCE) fill in also the following:	:
16. BIRTHPLACE (city or town)	Mistria	Accident, suicide, of homicide? Date of Injury	, 19
(Stata or country)	01 14	Where did injury occur? (Specify city or town, county and State	.)
17. INFORMANT Nus 1 1 / Ros (Address) Cast Rive	endale mod	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	. Oate April 26, 19 3;	Manner of injury	
19. UNDERTAKER B. Danzan (Address) 3.501	sky xo. W.	24. Was disease or injury in any way related to occupation of deceased?	uo,
1		(Signed) Marters leave	M D
20. FILED (23, 1937 11W)	Registrar.	(Address) Italy adale Neck	

If more blanks tre needed, addies State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronic interstitial ner	hrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Perilonitis	3 days ago
	BUREAU V. S.	1		
Other contributory	auses of importance:	5 3 pm	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANTLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Ever Ten of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	4363
1. PLACE OF DEATH	93.30	3000
county Prince Georges	Registration Dist. No. 2	3 0
Village or City Brauelfill	NoSt	Ward
(If Length of residence In city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	
2. FULL NAME Plansiet ann Blacks	1 -	1105
	If U. S. Veteran, specify WAR	
(a) Residence: No. Squelusly, (Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write they word)	21. DATE OF DEATH (Month) (Day)	, 193 3 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sleepslong	22. HEREBY CERTIFY, That I attended	d daceased from
6. DATE OF BIRTH (month, day, and year)	I last saw als alive on april 6 193	2.; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5 15 Pm.	
67 8 2-1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	12.
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chimic Hippondelis	Server d
SAWYER, BOOKKEEPER, etc.	/	Lecus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Charles Co. Med.	Other Contributors Carres of Importence:	Sund
(State or country)		4100
II 13. NAME CLUCTURE		
13. NAME PROPERTY 14. BIRTHPLACE (city or town) Luckenbrus	Neme of operation Date of_	
(State of country)	Whet test confirmed diagnosis? Was there an	autops/2
15. MAIDEN NAME PLEASURE (Style or town) Museums	23. If deeth wes due to external causes (VIOLENCE) fill in also the following	ng:
5 16. BIRTHPLACE (city or town) Mutaumy	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur?	nta)
17. INFORMANT Slus R. Slackstone (Address) Swarp Braughelle Cool	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Determine 1,19 9/	Neture of Injury	
19. UNDERTAKER Thu & Stewart (Address) 3 g th me de	24. Was disease or injury in any way related to occupation of deceased if so, specify	2
20. FILED PARIST, 19 37 Short Printle Registrar.	(Signed) W. Cller Gerfelle (Address) RIMMAN CA	M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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	Example I	i	Example II	
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Chronic interstitial net	hritis MAY 6 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUSEAU V. S.	July 5,1927	Peritonitis	3 days ago
	And the second s			
Other contributory	causes of importance:		Other contributory causes of importance:	200
Gallstones		May 1,1923	Gastroenteritis	1 year

mation

S. No. 1

LION

20. FILED

BINDING

RESERVED

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis MAY 6 1977	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6 15 A. V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	d		

STATE OF MINICIPAIND	CLITTI ICATE OF DEATH
1. PLACE OF DEATH,	(ISI):
county Prince Leage	Registration Dist. No. 245
Village or City le Spillum	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U. S. If of foreign birth?yrsmos,ds.
2. FULL NAME Cly aboth muny Br	If U. S. Veteran, specify WAR
(a) Residence: No. Rugus Farm	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH afor 18 - 193 7
5 If married, widowad, or divorced	(Month) (Oay) (Yéar)
HUSBANO of (or) WIFE of J. Herley Brown	22. HEREBY CERTIFY, That I attended decassed from
6. DATE OF BIRTH (month, dey, and yeer) (02-16-1859	I last saw h. Ev. alive on CORV 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
MC 1550 ml/new 1 Way 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular	wera as follows: Date of onset
Kind of work dona, as SPINNER, housewille	XA Cash
9. Industry or business In which	The state of the s
work was dona, as SILK MILL, SAW MILL, BANK, etc.	-
10. Date decased last worked at this occupation (month and spent in this	
yaar) occupation	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) & barrous Point	other continues causes of importance authoris -
(State or country) Malia lea.	alleron vehronie
II 13. NAME Thomas H. Dulton	En explanitis.
14. BIRTHPLACE (city or town) 13 alto luly	Name of operation. Date of
14. BIRTHPLACE (city or town) 10 0 10 (State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Clen Le ane 16. BIRTHPLACE (city or town) Balto Ly Ly (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) O O O O O O O O O O O O O O O O O O O	Accident, suicida, or homicide?
- Colate of Country)	Where dld Injury occur?(Specify city or town, county and State)
17. INFORMANT man & le le randell	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Lyallardle, m 18. BURIAL, CREMATION, DR REMOVAL	Mell
Place Rock lo reckleune 1/2 0 to 19 3	Manner of injury
(wash Bie.	Nature of injury.
19. UNDERTAKER Darchs Sous	24. Was disease or injury in any way related to occupation of deceased?
(Address) Hyeltsville mid	If so, specify
20 FILEO Chril 19, 1037 Mrs. Las Devere	(Signed) M. I
Quality of Ristrat.	(Addrass) Callonia Vary, W.C.
If more blanks are needed, Address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. D			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

B.—WRITE PLA

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STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH	1040
County VA Jeo	Registration Dist. No.
Village or City Croam	No. St., War (If death occurred in a hospital or institution, give its NAME instead of street and number)
A THE NO	_mosds. How long in U.S.If of foreign birth?yrsmosd
2. FULL NAME They are W. O. Mrus	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the wor M a style	
56. If married, widowed, andivorced HUSBAND of (or) WIFE of harles H Bruce	22. I HEREBY CERTIFY, That I attended deceased from the state of the s
6. DATE OF BIRTH (month, day, and year) 74, 22 1860 2	I last sawher elive on World & , 1937; death is sa
7. AGE Years Months Days If LESS th	
1 day,	THE EKINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Amsemfs.	Broncho Portunania
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Gazalan Country) (State or country)	
13. NAME (lexandria, I hompson	
14. BIRTHPLACE (city or town) Claes bushy (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary E. Halt	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Many 6. Halt 16. BIRTHPLACE (city or town) (Elebbry) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Carrollo Courty	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT & houles # Brueg!	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DE REMOVAL LL MAN 122 / 3, 10	Manner of Injury
19. UNDERTAKER R. C. Picharduf & Condu	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED CHOR. 309 37 Comprehend	(Signed) William It. Thomas

V. S. No. 1

JARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	11	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE F	OR FURTHER	R STATEMENTS	BY PHYS	ICIAN
		S - 1 / Apr	In all the second		1 69

occupation _____

this occupetion (month and 12. BIRTHPLACE (city of (State or country)

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DEATH

OF

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FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER 15. MAIDEN NAME

17. INFORMANT

16. BIRTHPLACE (city, or town (State es cuntry)

(Address) 18. BURIAL, CREMATION, OR

19. UNDERTAKER

Where did injury occur?_ Specify whethar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of Injury

Registrar.

Neture of Injury.

24. Was disease or Injury In any way ralated to occupation of dacaased? If so, spacify

Other Contributory Causes of importance:

Accident, suicide, or homicida?_____

Whet tast confirmed diagnosis?...

Date of Injury _____ 19.

(Specify city or town, county and State)

23, If death was due to axternal causes (VIOL ENCE) fill in elso the following:

If more blanks are needed, address Stare Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

ARGIN

S. No.

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Exampl	le I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	0 1037	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	MAY O	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	West V.	July 5, 1927	Peritonitis	3 days ago	
H B	116.1.1	The Bayes and T			
Other contributory causes of im	portance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4368
1. PLACE OF DEATH	(5)
county Tringe Seases	Registration Dist, No.
Village or City label mall bost	No. St., Ward
Length of residence In city or townswhere Bath occurred the year a mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME TICKAS Of he	14
(a) Residence: No. 12 (Usua place of abode)	If U. S. Veteran, specify WAR St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH \$\frac{1}{2} \langle \frac{1}{2} \frac{193}{2} \frac{7}{2}
5a. If married, widowed, or divorced	- Of (Day) (Year)
HUSBAND of (or) WIFE of	21 HEREBY CERTIFY That Lettended deceased from
Zijne o zarije o	19 19 19 19 19 19 19 19 19 19 19 19 19 1
6. DATE OF BIRTH (month, day, and year) 7. AGE Y Years Months Days If LESS than	I last saw h
2 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
& Trade, profession, or particular	were as follows: Osta of onset
kind of work done, es SPINNE Abare	Heart Failure 1937
kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Change Det Country	Melbulls 1934
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Mari
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
	What test confirmed diagnosis? Was there en au'opsy?
=	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Belith L. S. Colbert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Menner of Injury
Place marlons - 00 fpr. / 8 , 1937	Nature of injury
19. UNDERTAKER	24. Was disease or injury In any way related to occupation of deceased? 200
(Address) Ama abolias	If so, specify
20. FILED Him Colored 7 Plant Stymath	(Signed) Janyy 5. Janes M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Regulsting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset		
Chronic interstitual nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage NAT 3	July 5,1927	Peritonitis	3 days ago		
1					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FU	RTHER ST	ATEMENTS	BY	PHYSICIA	IN
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should state UNFADING INK-THIS IS A PERMANENT RECORD. Every them of inforof OCCUPAstated EXACTLY. PHYSICIANS Exact statement properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied. B.-WRITE PLAINEY,

FOR BINDING

LARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 4369
1. PLACE OF DEATH	(3)
County June Ligge	Registration Dist. No. 2
Village Dr City Art Officerer	No. 3848-34 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
10	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Jeorge William Dotson	
(a) Residence: No. 3848-34	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) male white married	21. DATE OF DEATH April 19 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Almura C. Ootson	22. I HEREBY CERTIFY, That, I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Ques. 22 1870	last saw h_ ssy_ alive on april 18 19.37; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 4 10 m.
66 7 27 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Myscardita Data of onset 193
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 2. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	
SAW MILL, BANK, etc.	
10. Date decessed last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Fairfax Virginia (State or country)	Dither Contributory Causes of importance: Cardis Nascalar Neual desease 193
13. NAME Walter Dotion	
13. NAME Walter Dotron 14. BIRTHPLACE (city or town) fairfax, Diiginia (State or country)	Name of operation Dete of Dete of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME SCAAA HARONES.	What test confirmed diagnosis?
15. MAIDEN NAME Sarah Hareover 16. BIRTHPLACE (city or town) Fairfax, Virginia	Accident, suicide, or homicide?
X (State or country)	Where did injury occur?
17. INFORMANT Mis Clary see hot son	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVALE	Manner of injury
Place Flaulaly 1 Date 4/22, 1957	Neture of Injury
19. UNDERTAKER M. G. HUNTEMANN (Address) 1011-104 NW WASHINGTON TO	24. Was disease or injury In any wey related to occupation of deceased? If so, specify
20. FILED 1/20 , 1937 Many fally Man	(Signed) (Signed) (Address) 2200 (Reflect Wife) M. (

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MIDEAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	I

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-1. PLACE OF DEATH should Village or City Jo PHYSICIANS Length of residence in city of town where death occurred statement 2. FULL NAME CORD. (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOW OR DIVORCED (write the w 3. SEX 4. COLOR OR RACE CTL FOR BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of × H certificate. 6. DATE OF BIRTH (month, day, and year) properly If LESS 7. AGE Months **Oays** stated I day, or____ Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, ARGIN RESERVED Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, may back plnods SAW MILL, BANK, etc.. O. Date deceased last worked a 11. Total time (years) on spant in this is occupation (so that occupation _. instructions 12 BIRTHPLACE (city or town) (State or country supplied. in plain terms, FATHER See 14. BIRTHPLACE (city or town (State or country) carefully MOTHER 15. MAJOEN NAME important. OF DEATH 16. BIRTHPLACE (city or town) (State or country) mation should be 17. INFORMANT very (Address) 18 BURIAL, CREMATION, OR CAUSE LION 19. UNOERTAKER V. S. No. 1 (Address) B. ż (Address) Registrar.

·	(PPO)	Registration	n Dist. No. 24	3
	No		St.,	Ward
	death occurred in a hospital or			
mos		. 3. II of foreign bitting	y S	HOSus.
rju	2 Steteran	specify WAR	7///	/
NE	Auch Masse	e Tree	11.4.	1/-
	MEDICA	L CERTIFICAT	nt give city or town an	d State
ED.	21. DATE OF DEA		JUL DEATH	
ED.	ZI. DATE OF DEA	Unul	10	193 7
		(Month)	(Oey)	(Year)
	22. / INHERI	EBY CERTII	FY, That I attended	d deceased from
	april 10	1937, to_	april 10	1937
2	i les caw h alive	on april	10 193	Z.; deeth is said
than	to heve occurred on the da	te states above, at	:/3 m:	
hrs. in.	The PRINCIPAL CAUSE OF were as follows:	F DEATH and related ca	uses of Importance	
	were as ronows.			Oate of onset
	,	EX.	a	
	(lugua)	colore	⊘	3
				18
Bus	5			110
4	Other Contributory Causes	of importence:		2
	The second second			7
				0
		***************************************		~~
	Name of operation		Oate of	
	What test confirmed diagno	osis?	Was there an	autopsy?
	23. If death was due to exten	rnai causes (VIOLENCE)	fili in also the followl	ng:
	Accident, suicide, or homic	ide?	Oate of injury	, 19
	Where did injury occur?			
	Specify whether injury occu		or town, county and St HOME, or in PUBLIC P	
5	Menner of injury			
9	Nature of injury			
	24. Wes diseese or injury in	any way related to occ	upation of deceased?	
	If so, specify	4	1	
1	(Signed)	Kauc	aster	M, O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	10		
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
16	0		
	0-		

	CERTIFICATE OF DEATH 4	371
1. PLACE OF DEATH	(83.40)	
County Frime George	Registration Dist. No. 243	>
Village or City Riverdale	No. 442 Calvertstreet St., 5	Ward
Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and nurds. How long in U.S. if of foreign birth?yrsmos.	mber)
2. FULL NAME Emilie Fahrer		
(a) Residence: No. Calversbr. 442 Riverdale (Usual place of abode)	St., 5 Ward. If nonresident give city or town and Si	lale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
J. SEX Lemale 4. COLOR OR RACE Normale 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) Sungle	21. DATE OF DEATH (Month) (Oay)	193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year) July 26, 1862	I last saw h_ la alive on april 14, 19.37;	death is said
7. AGE Years Month Days If LESS than f day, 13. hrs. ormin.	to have occurred on the date stated above, at 1.2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or particular		Oate of meet
kind of work done, as SPINNER, Jones Meso.	appley 7	411413
M. Industry or business In which work was done, as SILK MILL,		/ //
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. Jo. Dafe deceased last worked at this occupation (month and 3/. X/I.//35 year) occupation Grupation G		
12. BIRTHPLACE (city or town) Turrish, Switzerland	Other Coutributery Causes of importance:	7
	org feller six.	4
E	Nove of second	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an aut	aneu?
15. MAIDEN NAME Augusta Lalgenberg	23. If death was due to external causes (VIOL ENCE) fill in also the following:	орзуг
15. MAIOEN NAME Augusta Latgenberg 16. BIRTHPLACE (city or town) Harrowell	Accident, suicide, or homicide?	fq
(State or country) germany	Where did injury occur?	
17. INFORMANT M. Llmiger, Calvertatz 442 Riverdale.	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Garrisan. P.O. Md.	Manner of injury	
Place L. Thomas Church Oate April 16, 1937	Nature of Injury	
19. UNDERTAKER Mr. Gasely & Sono (Address) Hyalloville man	24. Was disease or injury in any way related to occupation of deceased?	
20. FILEOUPIUL 15, 19 37 Mg Jag Deven & Registrar.	(Signed) Multy Come (Address) Quantum Service	ek M. D.
THE COUNTY OF TH	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example 1		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CFIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 6 1937	July 5,1927	Feritonitis	3 days ago
	BUREAU V. S	100		
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				- 110

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. GARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

	STATE (OF MARYLAND-	-CERTIFICATE	OF DEA	TH	4372
1. PLACE O	F DEATH	4 .	(820)		7:	2)
County	Trine	Leaning		Registration [Dist. No.	16
Village or	City // ttc	fellance	No.		St.,	War
Length of res	sidence in city or town where		If death occurred in a hospital or insti- osds. How long in U.S. if			
2. FULL NA	71.	Flori lett 78.	1 1			
(a) Reside				, specify WAR		
(a) Neside	1106. 110	(Usual place of abode)	St.,Ward.	If nonresident s	give city or town ar	nd State
PERSON	NAL AND STATIST	ICAL PARTICULARS	MEDICAL O	CERTIFICATE	OF DEATH	
. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-1.0	0.2	0
+	C	Widowed World	9	(Month)	(Dey)	, 193
a. If merried, widow	wed, or divorced				(Dey)	(1001)
(or) WIFE of	Stetrens	Fletchen	22. I HEREB	27 /	, That I attende	d deceased fro
DATE OF TAXABLE	(All I	7-1181015	Hadamb &	., 19.37., 10	27/	7
	(month, dey, and yeer)	Devs If LESS than	I last saw halive on	todahan 12.	19. 2	.; death is sa
-	7/ 5	1 day,hrs	I I I I I I I I I I I I I I I I I I I			
8. Trede profe		ormin.	were es follows:			Dete of onse
kind of	ession, or particular work done, es SPINNER, AR, BDDKKEEPER, etc	Registered Midnik	0	C 11		4/2
Industry or	business in which	•			7	1/23/
	us done, as SILK MILL, LL, BANK, etc.	Mussey				
10. Date decees this occu yeer)	sed last worked at upetion (month end	11. Total tima (yeers) spent in this occupation 16	*			
	0	- Men Ota	Dther Contributory Causes of Im-	portance:		
2. BIRTHPLACE (c (State or cou		からし	Type	Une .		
13, NAME	la Settan	m-lil	70,40	10 4		
	-0 1000 1100		- Ingi cardio	11	my	-
14. BIRTHPLAC	E (city or town)	rh	Neme of operation		Date of_	
1	30	1 8	Whet test confirmed diagnosis?			
	/	J warn	23. If death was due to external ca			
16. BIRTHPLACI	E (city or town)	ml	Accident, suicide, or homicide?	D	ate of injury	, 19
(0.000	71-1-	71.11	Where did injury occur?	(Specify city or t	own, county and St	ate)
7. INFORMANT	mite	tellull.	Specify whether injury occurred	in INDUSTRY, in HOA	ME, or in PUBLIC P	LACE.
	TION, OR REMOVAL		Manner of Injury			
Plece Mi	will on p	Date 4-27, 193	Nature of Injury			
O HUDEDTANE	Clarin	Zaniane	24. Wes diseese or injury in any	way related to accurat	tion of documents	ms
9. UNDERTAKER (Address)	Word	more, mid.	If so, specify	well taletan to occupe	don or deceased?	
41.	54 37/1	1. DOD M	(Signed)	us (1)		M
O. FILED.	4 1 10	Registrar.	(Address)	3	me.	
	If more	blanks are needed, address State Registrar		2 annual - 71 C 27		

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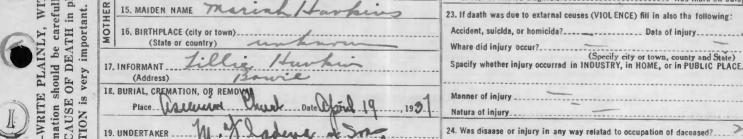
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state item of infor-

OCCUPA-

STATE OF M	ARYLAND-	CERTIFICATE C	F DEATH	4373
County Prime Le	rge	82-2)	Registration Dist. No	243
Village or City 1300000	(II	ND. f death occurred in a hospital or institutiods. How long in U.S. if of f	n, give its NAME instead of	St, Ward
2. FULL NAME Mary Ly	dia 7 lete	Lew If U. S. Veteran, sp	pecify WAR	
(a) Residence: No. (Usu	al place of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CE	RTIFICATE OF DE	EATH
	E, MARRIED, WIDOWED, VORCED (write tha word)	21. DATE OF DEATH	hil (b) (Month) (Oay)	, 193 7
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Factor Fact	7 lether 6, 1873	22. I HEREBY I lest sew h aliva on to heve occurred on the date steted a	937, 10 apr	attanded decaased from 16, 19 3 7, 19 2 7; daath is said
63 5 2	I day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH were as follows:		Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data daceesed jest workad at this cerupation (month and	Lone	berehul	apoply	4-8-37
O 10. Data daceesed lest worked at this occupation (month and year)	Total time (yaars) spent in this occupation	Othar Contributory Causes of importe	enca:	
12. BIRTHPLACE (city or town) D - C			n = v = v n = v = n n + e n n = e = = =	
13. NAME Frank Bus 14. BIRTHPLACE (city or town)	v hs	Nama of operation		Oate of



19. UNDERTAKER (Addrass)

(State or country)

16. BIRTHPLACE (city or town)

15. MAIDEN NAME

24. Was disaase or injury in any way related to occupation of deceased? If so, spacify (Signed)

What test confirmed diagnosis?_____ Was there an autopsy?____

(Specify city or town, county and State)

23. If daath was due to extarnal ceuses (VIOLENCE) fill in also tha following:

Accident, suicida, or homicida?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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Example I	11	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	1905,161.5
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED N. B.-WRITE PININLY, WITH

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF BEATTI
P	239
County Onesige George	Registration Dist. No.
- Village or City ourse	No. 600 00 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	dean occurred in a norphal of institution, give its IVAIVIE instead of street and number) ds. How long in U.S. If of foreign birth? ZD_yrs. 4- mos. ds
CV. 1 11 41 H	
2. FULL NAME My Jailly	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCEO (write the word)	4 1 8 102 7
emole vlas marrell	(Month) (Day) (Year)
I. If married, widowed, or divorced	22. I HEREBY CERTIFY, That I attended deceesed from
(or) WIFE of a Shorman Souther	1-15 1937, to 4-18 1937
OATE OF BIRTH (month, day, end year) Act - 1870	I fest sew han alive on 4 1 5 193); death is sain
AGE Years Months Deys If LESS than	to heve occurred on the date stated above, et 5 - 2m.
und lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or serticular	Benefation auti auti
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The deal 1-13.
. 9 Industry or business in which	Massagaka
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	
2. BIRTHPLACE (city or town) (not known)	Other Contributory Causes of importance:
(State or country)	
13. NAME Not Resource 14. BIRTHPLACE (city or town) Not from	Burling listings lynia
hat the noun	74 300 4000 400 4000
14. BIRTHPLACE (city or town). Mark from (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
15. MAIDEN NAME geard by lunt.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?Oate of injury, 19
(State or country) Communication (State or country)	Where did injury occur?(Specify city or town, county and State)
7. INFORMANT Rosse Harris	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Laurel And a	
B. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Castring Ma Date 4 1 1937	Nature of injury
9. UNDERTAKER Ridgly Velby.	24. Wes disease or injury in any wey related to occupation of deceased? 40
(Address) 401 Morshington ally Lunes	If so, specify
Oh as som & touch	di (Signed) 13 Marie M.
D. FILEDON 70 , 1937 M. Buphan	

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	e of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage Jul	ly 5 1927	Peritonitis	3 days ago
MIN 4 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	y 1,1923	Gastroenteritis	1 year
			/ pill 3-10

* * * * * * * * * * * * * * * * * * *	
1	

stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every Nem of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be N. B.—WRITE PLAINLY, WITH V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-20
county (rule) Genses	Registration Dist. No.
Village or City Collact City	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
a. 1. 1. 1	
2. FULL NAME & clitts Wang Grays	If U. S. Veteran, specify WAR
(a) Residence: No. (Usuar place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
house bulle Undow	(Month) (Day) (Year)
5a. If merried, widowed, or diverced HUSBAND of	22. I HEREBY CERTIFY That I attended deceased from
(or) WIFE of David W. Ylanes	Morrisold 193 X to Obsid 6 193.7
6. DATE OF BIRTH (month, day, and year)	I last saw h.l. aliva on bebule 26 , 193.7 ; death is said
7. AGE Years Months Days if LESS than	to heve occurred on the date stated above, at 800 A.m.
68 2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, atc.	Mileal & Cevilie Representations Senal
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	year
10. Date deceased last worked at I1. Total time (years)	
this occupation (modify and year) - 1433 and occupation 40	
12. BIRTHPLACE (city or town) Fu slaud	Other Contributory Canses of importanca:
(Stata or country)	artin Selevis years
13. NAME Klury a. Ladson	
13. NAME Klury a. Ladowy 14. BIRTHPLACE (city or town) En flourd	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autop
16. BIRTHPLACE (city or town) England:	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
HINFORMANT Mollinge & digfter of the	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Washington Date Cepil 6, 1937	Nature of Injury
(1) (1) De 0	24. Was diseasa or injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) 8/6-14-22	If so, specify
20 FUED	(Signed) W. allu Suffell M.D.
20. FILED	(Address) Slrwyn, ald

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Pate of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1909	July 5, 1927	Peritonitis	3 days ago
HEREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			~

mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

4375

1. PLACE OF DEATH	0	(131)	571
County Truyge 6	ewill	Registration Dist. No.	102
Village or City Wahre	Marlfors My	ND ND death occurred in a hospital or institution, give its NAME instead of	
Length of residence in city or town when	e death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Hame	ilten Glerando	Hall If U. S. Veteran, specify WAR	
(a) Residence: Np.	A Warlford Wa	St Ward.	
(a) residence. No.	(Usual place of abode)	If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)) , 193 3 7 (Year)
Ta. If married, widowed, or divorced HUSBANO of (or) WIFE of Eleaner	Frances Hall	22. THEREBY CERTIFY. That I	attended deceased from
6. DATE OF BIRTH (month, day, and year)	Pec 1 1861	I last saw h sun alive on about 10	, 19 3.7; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8:30Pm.	
76 4	9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of import	tanca
8. Trade, profession, or particular	ormin.	ware as follows:	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Morehuhr	Myrearchitis	1811
9. Industry or business in which		11-jareaucucy	1.4.2.7.
work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this 40 40		
12. BIRTHPLACE (city or town) Comme (State or country)	a annoll lo	Other Contributory Causes of Importances	1920
13. NAME Beard liet	- Itall		
13. NAME Dead de 14. BIRTHPLACE (city or town)	ellerd	Name of operation . April	Data of
14. BIRTHPLACE (city or town) (State or country)	ma	Menel	Date of
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town)	J ann Circl	23. If death was dua to external causes (VIOL ENCE) fill in also th	there an autopsy?
16. BIRTHPLACE (city or town)	md.	Accidant, suicide, or homicide? Date of inju	
(Stata or country)		Where did injury occur?	.,
17. INFORMANT My Fre. (Address) White	1 Straining	(Specify city or town, coun Specify whether injury occurred in INDUSTRY, in HOME, or in P	ty and State) UBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	and to your	Mannay of Injury	
Place Alber Warlton	10 Date Well 13 1037	Manner of Injury	
11041	8. 1	Nature of Injury	140
19. UNDERTAKER Affichie	surps of	24. Was diseasa or injury in any way ralated to occupation of dec	aased?
(Address) Expres Ma	notoro man	If so, specify	A
20. FILE PART 12 163 2 ()	Lightworth	(Signed) Summy p. Hul	M. D
	Registrar.	(Address) What Mark	CAUTE MICH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	li	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis = VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial, nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 5 1637	July 5,1927	Peritonitis	3 days ago
BULLEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			112

should state

stated EXACTLY. PHYSICIANS

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

Exact statement of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	1. PLACE OF DEATH			1 4 2 1	***			
	County Prince G	eorge			Registration Dist. No. 236			
	Village or City Mitc	hellvil	le, Md.			ard		
	Length of residence in city or to	wn where death	occurrad		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmos	ds.		
	2. FULL NAME Bern							
	(a) Residence: No				St., Ward.			
	(a) Nosidelice. No.	Tronerr.	(Usual place of		If conresident give city or town and State			
	PERSONAL AND ST		L PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH			
3.	F 4. COLOR OR I		SINGLE; MARK OR DIVORCED Single	(write tha word)	21. DATE OF DEATH April 8 , 1937 (Month) (Day) (Yaar)			
5a	. If married, widowad, or divorcad HUSBAND of				()			
	(or) WIFE of				22. HEREBY CERTIFY, That I attended deceased to Stillborn, 19to	rom		
6.	DATE OF BIRTH (month, day, and ye	ear) Apri	1 8, 19	37	I last saw h alive on ; death Is			
7.	AGE Years	Months	Days	If LESS than	to have occurrad on the date statad above, at 8 Pm.			
	stillborn	5-		1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
NOI	8. Trade, profession, or particular kind of work done, as SPI SAWYER, BODKKEEPER, et	r NNER, c						
OCCUPATION	9. Industry or business in which work was dona, as SILK M SAW MILL, BANK, etc	ILL,			stillborn			
000	10. Date dacaasad last worked et this occupation (month end year)		11. Total tir spen occur	ne (years) t in this pation				
12	BIRTHPLACE (city or town) (State or country)	Md.			Other Coutributory Causes of Importance:			
ER	13. NAME Robert W	illiam I	Harley					
FATHER	14. BIRTHPLACE (city or town) (Stata or country)	Md.			Name of operation Date of			
ER	15. MAIDEN NAME Rosa	Ella Pro	octor		What tast confirmed diagnosis? Was there an autopsy? 23. If death was due to axternal causes (VIOLENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE (city or town)_M (State or country)			Md.	Accident, suicida, or homicide? Date of Injury, 19			
17.	.INFDRMANT Nancy Bro (Addrass) Mit	wn chellvi	lle. Md	•	Where did injury occur?(Specify city or town, county and State) Specify whethar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18.	BURIAL, CREMATION, OR REMOVA Place On farm		ate_Apri	1. 9, 19.37	Manner of injury			
19.	. UNDERTAKER Robert W (Addrass) Mitch	. Harle	y e		24. Was disease or injury in any way related to ecupation of deceased? If so, specify			
20.	FILED April 9 ,19 3	7 Hen:	ry L. P	hipps S. Registrar.	(Signe Accord The Solution (Address) Aitheliville	10.		
		If more blank	s are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	-		

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ver als

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onse	The principal cance of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1/15	Attack of epilep y	1 week ago
Chronic interstitial nephritis	1.01	Coun over by street on	1 week ago
Cerebral hemorrhage	Jun 5, 627	Peritopitis	3 days ago
		74 8 2	
Other contributory causes of importance:		Other contributor causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration Dist. No. 2-40 No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. if of foreign birth? yrs. mos. If U.S. Veteran, specify WAR
2. FULL NAME (a) Residence: No.	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Taw Yuso (a) Residence: No.	
(a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.
DEDCOMAL AND CHARLESTICAL DADRIGHT ADC	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE. OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Jone 24, 193 7 (Month) (Day) (Year)
a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased for
DATE OF BIRTH (month, day, and year) Obul 24/937	
AGE Years Months Days If LESS; than 1 day, \(\omega_{}\text{hr} \)	was a fallaway
8 Trade profession or particular	Oate of ons
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc	
10. Date decaased lest worked at this occupation (month and year)	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town) 7.15. (State or country) 7 4 9 0	Other Continuous Causes of Importance.
13. NAME Patrick Hawkins	
13. NAME PATRICA (Haw Consolidation of the Consolid	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Maggie Lockson	23. If daath was due to external causas (VIOL ENCE) fill in also the following:
15. MAIDEN NAME / Aggre Jockson 16. BIRTHPLACE (city or town). (State or country)	Accident, suicida, or homicide? Date of Injury, 19
7. INFORMANT Bland Hawkins (Addrass) Brand wome mid	Where did injury occur?(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place I S A-M & Contag Dato a fee 2 5-, 19-3	Manner of injury
9. UNDERTAKER That I Provide (Address) Walderfor Migh	24. Was disease or injury in any way ralated to occupation of deceasad?

V. S. No. 1

N. B.

IS A PERMANENT REACRD. Every item of inforstated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

AGE should be

WRITE PLANIEY, WITH UNFAD action should be carefully supplied.

FION is very important. See instructions on back of certificate.

UNFADING INK—THIS IS A PERMANENT RE ARGIN RESERVED FOR BINDING

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

4378

1. PLACE OF DEATH				117-20	
County Prince	Su	- Co		Registration Dist. No. 2 3	d
Village or City But	tovil	le 1	nd	No. St	Ward
Length of rasidence in city or too	vn whara daath o	occurrad_ #		death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in a hospital or institution, give its NAME instead of street and death occurred in the stre	
2. FULL NAME Ha	mai	LC	Ladren	If U.S. Veteran specify WAR	
(a) Residence: No. The	Storil	(Usual place	md of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND ST	ATISTICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR R		R DIVORCE	Wied, WIDOWED,	21. DATE OF DEATH (Month) (Dey)	., 193 7
5a. If marriad, widowed, or divorced HUSBANO of	1 /	1 /			(1641)
(or) WIFE of Gugu	std.	adus	ons	22. I HEREBY CERTIFY, That i attended	1937
6. DATE OF BIRTH (month, day, end ya	ar) /10	218	1853	i last saw h alive on after 21, 193	Z; death is sald
7. AGE Yaars M	onths	Days	If LESS than I day,hrs.	to have occurred on the date stated abova, et 109m.	
83	5	11	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPIN SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work wes done, as SILK MI SAW MILL, BANK, atc	NER, Ja	usew	fe	Laster Wer.	2
9. Industry or businass in which work wes done, as SILK MI		1		Chrose mynesols	
work wes done, as SILK MI SAW MILL, BANK, atc		11 Tetal ti	ma (vanre)	allino Filano	
this occupation (month and year)		11. Total ti	tin this		
	,	1	1,	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town)	100000	July 1	any	- A	
1	2	md	,	Janla Hamologe	
13. NAME 14. BIRTHPLACE (city or town)	,			Name of operation Oate of	
(State or country)	Si	ulde	v-	Whet test confirmed diagnosis? Wes there an	77.3%
15. MAIDEN NAME	Carl	esm		23. If daath was due to axternal causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)				Accident, suicide, or homicida? Date of injury	, 19
∑ (State or country)	Ju	udli		Whare did injury occur?	
17. INFORMANT MANY (Addrass)	1 63	no	e	(Specify city or town, county and Sta Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
18. BURIAL, CREMATION, OR REMOVA	00	11/0	1 07	Manner of injury	
Place Unu	Da	te_7/d	, 19 5 /	Natura of injury	
19. UNDERTAKER	unter	nage.		24. Was disaasa or injury in any way related to occupation of deceased?	
20. FILE Ofer 21- , 19.3.7	John	D Sm	atte. Registrar.	(Signad) 73 (Addrass)	
	Somera blank	are meeded		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	¥
	- Ly more vianas	ure necued, a	uuress state Acgistrat,	2411 IV. Chaires Street, Dattimore, Requesting 'O. S. IVO. 1.	



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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	3	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
TOSTAL V S			
Other contributory causes of importance:	100000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

ż

AGE should be stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. mation should be carefully supplied. TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4379
1. PLACE OF DEATH	(a)
County Prince Georges Coun	Registration Dist. No. 2 42
Village or City Calactal Hate	
(If	NDSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Y orage Yercheva	If U. S. Veteran, specify WAR
(a) Residence: No. 48-Shally side ave.	St., Ward.
· (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOD OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word)	21. DATE OF DEATH
Male thite seperated	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Lattended deceased from
(or) WIFE of	, 19, to, 19
5. DATE OF BIRTH (month, day, and year)	I last saw h elive on, 19; death Is safd
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2: 20 1.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	natural couses
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc A aweyer	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME	
(State or country)	Name of operation
15. MAIDEN NAME	What test confirmed diagnosis? Was there en autopsy?
	23. If death was due to external causes (VIDLENCE) fill in also the following:
E (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
minera Astura	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANTIAL CANAL CONTROL OF THE CONTROL OF TH	Specify whether injury occurred in thib OSTAT, ill nome, of in Public Place.
18. BURIAL, CREMATION, AR REMOVAL	Manner of injury
Place It Waking ton De C, Date 4 - 2 P, 1907	Nature of Injury
19. UNDERTAKER A. H. Chambers	24. Was diseese or injury In any way related to occupation of deceased?
(Address) 5 17 - 11 the state of the state o	If so, specify Robert & Browns, IP selling coroner
Charlog' 37 4 20016 Omin	(Signed) anes J h John M. D.
20. FILED THE 4, 19 3 L JACO Registrar.	(Address) Forestville hat,

If more blanks are needed, address State Registrar, 2411 N. Charle Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 11 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUSSAU V.				Cold Cold
Other contributory causes of importance:		Other contributory causes of importance:		sou
Gallstones	May 1,1923	Gastroenteritis	1 year	Dough
			1	(10)
	OR FURTH	ER STATEMENTS BY PHYSICIAN Suff	Stephen 2	word!
Horace Hercheval	Alexing 48.	Stillyride Cup Hyts	he fle	ceaud.
The old southern	su w	us serile and getes	inch!	erotes.
		auses. we to believe - he day	of front	rebial

Example II

tead of street and number)

city or town and State F DEATH

f importance

elso the following:

n, county and State) or in PUBLIC PLACE.

That I attended deceased from

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County France George	Registration Dis
m(Q, V)	
Village or City // A. O arre	No. No.
	ds. How long in U.S.If of foreign birth?
2. FULL NAME INFANT MINGMA	If U. S. Veteran, specify WAR
(a) Residence: No. \$30 - Valley (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C
3. SEX 4. COLOR OR RACE OR DIVORCED (wrighthe word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY,
6. DATE OF BIRTH (month, day, and year) Chrif 5 1/937	I last saw h alive on
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes o were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	dillhin
9. Industry or business in which work was done as SILK MILL.	
SAW MILL, BANK, etc	-
12. BIRTHPLACE (city or town) Md. Bark,	Other Contributory Cames of importance:
(State or country) Ma. 2 13. NAME Moel Edward Bunghan	unfilical co
14. BIRTHPLACE (city or town) Charagorily	Name of operation for cubs deli
(otate of country)	What test confirmed diagnosis?
15. MAIDEN NAME Clender More Cilley	23. If deeth was due to external causes (VIOLENCE) fill in
15. MAIDEN NAME Clender Marie Cliey 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date
17. INFORMANT Toel & Dangman. (Address) 935-Villey St AMS Book, Mid.	Where did injury occur? (Specify city or tov Specify whether injury occurred in INDUSTRY, in HOME
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date	Nature of injury
19. UNDERTAKER It It. Chamber Co.	24. Was disease or injury in any way related to occupatio

should state OCCUPA-

PHYSICIANS

statement

certificate. properly

back

See instructions on

CAUSE OF DEATH in plain terms, so that

TION is very important.

(Address)

mation should be carefully

-WRITE

A PERMANENT RECORD. Every

ARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year

classified. RESERVED may back that See ain efully D OF CAUSE nation NOIL

1. PLACE OF DEATH Registration Dist. No. County Village or City____ stitution, give its NAME instead of street and number) How long in U.S. If of foreign birth? If U. S. Veteran, specify WAR If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Day) 5a. If married, widowad, or divorcad HUSBAND of CERTIFY. They I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at ... 7. AGE Months 1 day, hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. were as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data decaasad last worked at 11. Total time (years)
spent in this this occupation (month and occupation _ (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?.. Was there an autopsy?___ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OF REMOVAL Nature of injury_____ 24. Was disaase or injury in any way related to occupation of deceased? If so, spacify. (Signad)_ (Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	1 2	10 8	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 3 9	

Additional space for further statements by Physician	
Dremo 5a +17 - also letter under mis. Jes.	Verere.
V	

STATE OF MARYLAND—CERTIFIC	ATE	OF	DEATH
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A	9	0	()	
4	0	0	4	

1. PLACE OF DEATH	
County Prince Georges	Registration Dist. No. 235
Village or City Read Glessent	NoSt.,Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
1 11 10 0	If U.S. Veteran specify WAR.
2. FULL NAME Joseph H Slay a	1 , DA 1. not 1
(a) Residence: Np. U 3 7 (Usual place of abode)	St., Ward. Leaf Sleasant M. W. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Wild will the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Wissifield G. Slay d. (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 23, 1857, to Alane 25, 1937
6. DATE OF BIRTH (month, day, and year) Amusey 26,1867	I last saw h Amalive on April 25, 19.37 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3.20 m.
10 2 2 1 day,hr	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc.	Cardiorganilar
SAWYER, BDDKKEEPER, etc.	renal aisesse
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, Detised Guard SAW MILL, BANK, etc. 10. Date deceased last worked at 10. Date deceased last worked at 11. Total time (yeers)	2
10. Date deceased last worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Pullymon Codera
13. NAME (alm) Hayd.	
13. NAME (also) Flage.	Name of operation Date of
(State of country) are cased	What test confirmed dlegnosis? Was there an autopsy?
15. MAIDEN NAME V	23. If deeth was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Marshard (Stete or country)	Accident, suicide, or homicide?
El 11 D	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
17. INFORMANT Called St. S. F. md.	
18. BURIAL CREMATION, ON REMOVAL	Manner of Injury
Place Maske 1) C Date 4/23, 193	Neture of Injury.
19. UNDERTAKER Tunally Haulan	24. Was disease or injury in any way related to occupation of deceased?
(Address) 64M Att SV. 7. Ep	If so, specify
20. FILED 725 , 1937 Was D Fifth	(Signed). A control M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis FCEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NY 6 1937	July 5,1927	Peritonitis	3 days ago
BUMBAU V. S.			
Other contributory causes of importance:	4.15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

4383

1. PLACE OF DEATH	56)
County June Glorge	Registration Dist. No. 2 30
Village or City Ja beland	No. St., Ward
Market and the second of the s	death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jennella Jomay	If U. S. Veteran, specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Open 2 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (or) WIFE OF Horas Lower	22 HEREBY CERTIFY, That i attended deceased from 19 37, to Spul 2 1, 19 3 1
6. DATE OF BIRTH (month, day, and year)	I last saw h. R. alive on
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 114 0 Pm.
(6) 7 1 usy,mis.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER,	Leule Rheumatio
SAWYER, BOOKKEEPER, etc.	H-0/1977
Work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cicule Cheemalic Gudo-
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and year)	acute Cardiac Dilatotion 4/13/37
12. BIRTHPLACE (city or town) mukerk.	Other Contributory Causes of importance:
(State or country)	acuto Poremely maton
E 13. NAME Harace Slassauras	ne election 4/10/37
13. NAME Grace Stassauras 14. BIRTHPLACE (city or town) Muschenk	Name of operation Oate of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Color Jockson	23, if death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Con Joch Son 16. BIRTHPLACE (city or town) The Control of the Co	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT & Illu Briscoe (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Musking Date april 25-, 1937	Nature of Injury
19. UNDERTAKER 20. Encent Jawis (Address) 1432 - 45w 17 21.	24. Was disease or injury in any way related to occupation of deceased?
20 FILED AN 21- 1937 John Demoth	(Signed) Harrison C. Baldon M.D.
Registras	(Address) Farmount Heights, m.d.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arleriosclerosis	1915	Attack of epilepsy.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 ALAN 6 1037	July 5,1927	Peritonitis	3 days ago
		g disc	
L GUIGEAU V.	3 - 13	1.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		8.4.	

V. S. No. 1

	MARYLAND-	CERTIFICATE OF DEATH	1001
1. PLACE OF DEATH	U -	933	
County Kince	Tenge	Registration Dist. No. 4-3,	/
Village or City Blade	ushing	No. St., death occurred in a hospital or institution, give its NAME instead of street and	ward
· Lu	oth occurred 14-yrsmos	ds. How long In U.S. if of foralgn blrth?yrsn	nosds.
2. FULL NAME Carge	Maler,	If U. S. Veteran, specify WAR	
(a) Residence: No. 13 Call	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	., 193 7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of		22. I_HEREBY CERTIFY, That I attended	
(or) WIFE of	NOV	on April 7 1937 to	oeceaseo Hann
6. DATE OF BIRTH (month, day, and year)	**	I last saw has alter on team on 4/14, 1987	Z; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
82 -	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	t	Cardiac dilatorem	41146
Industry or husiness in which	urenarien		11 1/3
work was dona, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and	11. Total tima (yaars)		
this occupation (month and year)	occupation 1	Other Contributory Causes of Importance:	
12. BIRTHPLACE (City of town)	ula:	P	
(Stata or country)	/a.	Serubty	
13. NAME 14. BIRTHPLACE (city or town)	nome		
(State of country)	4	Name of operation	
15. MAIDEN NAME		23. If daath was dua to external causes (VIOLENCE) fill in also the followin	ig:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	,	Accident, sulcide, or homicide? Date of injury	, 19
(State of County)	•	Where did Injury occur? (Specify city or town, county and Sta	nte)
17. INFORMANT Mrs: Mary Day (Address)	Washington N.C.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place: 10 C	Date afre 17/, 1937	Manner of Injury	
19. UNDERTAKER 4. Jacks (Address)	done	24. Was disease or injury In any wey related to occupation of deceased?	W
- 12 / - 7	Telian Start	If so, specify (Signed) (Signed)	4 M D
20. FILED 201/193/	Joeal Registrar.	(Address) Rame D	rd,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 3884 77 3007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state

							*OFF
	STATE (OF MAR	YLAND-	CERTIFICATE	OF DEA	TH	4385
1. PLACE O	F DEATH			1820			
County	Prince i	leorge			Registration	Dist. No. 24	5
Village or C	ity Exyatte	ville		No. 123 Ja	sheld as	ne st	Ward
Langth of raci	idence In city or town where	dooth accurred		f death occurred in a hospital or institution. ds. How long In U.S. if of			
2. FULL NA	7-1/10		Mancel				
	7/	4.1.1	ane.		specity WAR		
(a) Residen	ice: No. 123	(Usual place		St.,Ward.	If nonresident	give city or town an	d State
PERSON	IAL AND STATIST	ICAL PART	ICULARS	MEDICAL C	ERTIFICATE	OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	afro	6 -	. 193 7
5e. If married, widow	white				(Month)	(Day)	(Year)
7. AGE Yes 8. Trede, profe kind of v SAWYER 9. Industry or work wa	ssion, or particular work done, as SPINNER, , BOOKKEEPER, etc	Oct 12 Days 23	- 1936 If LESS than 1 day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA' were as follows:	TH and related caus	es of importance	Date of onset
CITIS OCCU	LL, BANK, etced last worked at pation (month and	Sp8	time (yeers) Intin this	Other Contributory Causes of Imp	ortance:	surping	
12. BIRTHPLACE (ci (Stete or cou		ns d.					
13. NAME	Daniel	a: ma	ruser				
¥ 14. BIRTHPLACE	(city or town)	md		Neme of operation What test confirmed diagnosis?			
1 meet	/ (line land)	n d	on	23. If deeth wes due to external ca	ouses (VIOLENCE) of	Il in elso the followid	

V. S. No. 1

N. B.

17. INFORMANT

19. UNDERTAKER

20. FILED 4

(Address)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Neture of injury

If so, specify

(Signed)

Where did injury occur?

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

any way related to occupation of deceased?

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Chronic interstitial nephritis WAT 1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage S. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7

CAUSE FION is

OCCUPA

should

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of rasidance in city or town where daath occurred mos.____ds. How long in U.S. If of foreign birth?_____yrs.____mos.___ If U. S. Veteran, specify WAR Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) arried (Month) (Day) 5a. If married, widowed, or divorced HUSBAND OF CERTIFY. That/I attanded decaased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated abova, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. ware as follows: Date af onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation_ Other Contributory Causes of Importanca: 12. BfRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following: MOT Accident, sulcida, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT 18. BURIAL, CREMATION OR Mannar of injury Nature of injury. 19. UNOERTAKER If so, specify (Signed)

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The state of the s	-	of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 6 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

•	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
,	
	<

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4387
1. PLACE OF DEATH	44.10
county usince Ilo	Registration Dist. No. 239
Village or City	No. Mod 326 Coultur for Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where weath occurred fryers	
2. FULL NAME / BYNG Cuspy /4	Mar I U. S. Veteran, specify WAR / Touch I fail
(a) Residence: No. 3.26. (Usual place of valode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	april 17- 193/6
5a. If married, widowed, or divorced	(Month) (Daý) (Year)
HUSBAND of (or) WIFE of Color Charles & Video Color	22. I HEREBY CERTIFY, That I attended deceased from
1/2 / /50 02	afx 15, 193), 10 afx 1/7 16, 1937
6. DATE OF BIRTH (month, day, and year) ALL Company of LESS than	I last saw h allve on
44 11 Q 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or parlicular RR R	were esfollows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation from the and the occupation from the occupation fr	mession Facles
9. Industry or business in which work was done, as SILK MILL,	mmadelle Into
SAW MILL, BANK, etc	Casata -
10. Date deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation 12. The	
your, garage of the state of th	Other Contributory Causes of importance:
12. BIRTHPLACE (cily or town) (State or country)	Tale Harry
E 13. NAME Francis Michiela	
I D	
14. BIRTHPLACE (city or town) Cable (State or country)	Name of operation
15. MAIDEN NAME da Morto	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Addition (State or country)	Accident, suicide, or homicide? Date of Injury, 19
X (Slate or country)	Where did injury occur?
17. INFORMANT Shirt william Mcrolo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
(Address) Zauel MC	***************************************
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Date Sulf 1957	Nature of injury
19. UNDERTAKER THE AS HATING CO	24. Was disease or injury in any way related to occupation of deceased?
(Address) Zame Wa	If so, specify
20. FILED Ph / 9 , 19 M / Sucheave	(Signed) M. D.
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
10 M A			

NAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

date of death and informant's first name made in accordance with new certificate and statement signed by Dr. Steward, filed April

1937 - Burnou Vitel Statistics - BV 11

V	nfor-	state	JPA-	
	em of i	plnods	f occi	
)	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	RECO.	Y. PH	Exact	
The property of the property o	RMANENT	XACTL	classified.	
LOT	IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
1	HIS	be	pe	Jo
A ATOTO	NK-T	pluods	it may	n back
WINT N	ING I	AGE	so that	ctions o
TENTE	UNFAD	pplied.	terms, s	instruc
	VITH U	ully su	plain	it. See
7	ALY, V	e caref	ATH in	nportan
	PLA	hould k	OF DE	very ir
1	WRITE	ation s	AUSE	ION is
	B1	m	C	T

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County Trues Tevges	Registration Dist. No. 230
Village or City Colly Park	No. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foraign birth?
2. FULL NAME Sherry Herie Po	LUS If U. S. Veteran, specify WAR
(a) Residence: Np. College Park 149.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 0R DIVORCED (gwrite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	V
(or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceased from
5. DATE OF BIRTH (month, day, and year)	I last saw hea alive on Caril 4 ,193 7; death is sai
7. AGE Years Months Deys If LESS than	to have occurred on the data stated above at _3.* P.m.
~ 2 3° I day,hr	were as follows:
8 Trade profession or particular	Guarty Date of ongs
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	
10. Date decaased last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) College Park, U.G. (Stata or country)	Other Contributory Causes of Importance: 1/3 4/3
13. NAME Carl Palus	
13. NAME Carl Palus 14. BIRTHPLACE (city or town) Pluma-	Neme of operation Dete of Dete
(State or country)	What test confirmed diegnosis? Was there an autopsy? [4]
15. MAIDEN NAME Nelte Hay Willard 16. BIRTHPLACE (city or town) Plung	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town). Penna	Accident, suicide, or homicida? Date of Injury
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Day Mulard (Address) (Acley Park, W.C.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Bustonsville Ind Date ages 6, 193	Menner of injury
19. UNDERTAKET LE W. S. Mite so due.	24. Wes disease or injury In eny way related to occupation of decessed 11.
20. FILED april 6.16-37 John Smither	(Signed) L) Clay Littly M. (Address) Seranna, U.C.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II	
Date of onset	of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
The same of the sa	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

to autho	ADDITIONAL SPACE FOR FULL	RTHER STATEMENTS	BY PHYSICIAN The relacent on	Zilo
under Par	ulps, 2/1/37.	8		1 100

N. B.-WRITE PLAINET

V. S. No. 1

34				
M	RECORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA.	
TARGIN RESERVED FOR BINDING	-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	1	m	Ü	E

1. PLACE OF DEATH		93-01	· VI
County Frince Leon	ger	Registration Dis	t. No.
Village or City 2015. Rai	Certiffe 30 DINE	No. If death occurred in a hospital or institution, give its NAME ins	St. Wa
Length of residence in city or town where o		osds. How long in U.S.If of foreign birth?	
2. FULL NAME fames (a) Residence: No. 3302	Francis les Chode Saland a (Usual place of abode)	St., Ward.	city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE O	
3. SEX Male 4. COLOR OR RACE Thit	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	28 , 193 7 (Day) (Veer)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Jacon L	. Pearson	22. AMERICA CERTIFY.	That attended deceased from 193
6. DATE OF BIRTH (month, day, and year)	Nay 11 1853	1 lest say h and alive on Day 02	19.37; death is s
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 3 // O	·m.
0 \$	2-o ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of were es follows:	Oate of on:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Retired	Acute myrend	to 4/24
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		1	V/ //=
10. Date deceased last worked et this occupation (month end year)	II. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)(State or country)	Ta.	Other Contributory Causes of importance:	4/10
13. NAME James P.	Pearsons]	/_/-
14. BIRTHPLACE (city or town)	· /^	Name of operation	Date of
(State or country)	·	What test confirmed diagnosis?	Was there an autopsy?
15. MAIOEN NAME	Cockrell	23. If deeth was due to external causes (VIOL ENCE) fill in	also the following:
15. MAIOEN NAME Jame 16. BIRTHPLACE (city or town)	75	Accident, suicide, or homicide? Date	of injury, 19
(State or country)	10	Where did Injury occur? (Specify city or town	n county and State)
17. INFORMANT 2012 -/64 &	Holington Va.	Specify whether injury occurred in INOUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place	.Oate 4/28 1937	Manner of injury	
19. UNOERTAKER And Democratical Control of the Cont	aim & Som	24. Was disease or injury in any way related to occupation	of deceased?
20, FILED 4108 1937/hm	hallyked	(Signed) Oca da	m grow

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1301	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 4390)
8 PHI 100	1. PLACE OF DEATH	en ledace He Sontanias	
of	County June Levys	gegistration Dist. No. 2	>
should of OCC	Village or City Beather of	No. 39/6 - St., death occurred in shorpital or institution, give its NAME instead of street and number;	Ward
NS NS	Length of residence in city or town where death occurredyrs		ds.
Eve SIA)	2. FULL NAME Destud Proset	- 10 0	
. 2 3	(a) Residence: No. 82 Ferandelin SP, Ha	Mestoci (wareles	
ECORD PHYS act sta	(Usual place of abode)	If nonresident give city or town and State	
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
I.X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	7.
	5a. If married, widowed, or divorced		ear)
BINDIN PERMAN EXAC y classific	HUSBAND OF Course C. Fr Person	22. I HEREBY CERTIFY. That I attended decease	ed from
bearing party	7. 0	I last saw h ex elive on Thiel 25 19 3 > death	7
BJ PE PE rly sate.	6. DATE OF BIRTH (month, day, and year) 1 29-1872 7. AGE Years Months , Days If LESS than	I last saw h	h is seid
FOR B. IS A PE stated E properly certificate	1 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance	
FO IS star pro certi	8. Trade, profession, or particular	were as follows:	ofonset
HIS he be of	Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Verebal Hamelie a 4	7
RVED CTHIS ould be may be back of	9. Industry or business in which work was done, as SILK MILL,	1/2	4.43
NK-NK-sho	SAW MILL, BANK, etc		
は日日から	O 10- Date deceased last worked at this occupation (month and 44 9 spart in this occupation occupation		
ZATO	12 BIRTHINI ACE (silver Aven)	Other Contributory Causes of Importance:	
d. Se	12. BIRTHPLACE (city or town) (State or country)	Out Selan	>
RGIN NFADI plied. rms, se	13. NAME Gustago - Denekt	and the second	
e tad	14. BIRTHPLACE (city or town).	Name of operation Date of	
田 电级	(State of Edulity)	What test confirmed diagnosis? Wes there an autopsy?	200
WIT refully in pla	H 15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, [9	9
INLY, be can EATH import	(State or country)	Where did injury occur?	
	17. INFORMANT Las Gross (Soci	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
PLA PLA hould OF D	18. BURLAL CREMATION OF REMOVAL		
1 .S.	Place War No Date 4/26 1957	Manner of injury	
WRI CAUS CAUS	0811.01.	Nature of Injury	
TOF	19. UNDERTAKER (Address) and a day of the control o	24. Was disease or Injury In any way related to occupation of deceased?	·
S. N.	WIDE THE VIOLETTE	If so, specify Allered W. Well-dead Control (Signed)	
> z	20. FILED 19 Pagistrar,	(Signed) (Address) 10/2 - A. (So viii)	M. D.
Section		2411 N. Charles Street, Baltimore, Requesting V. S. North	3
4		Much , L.	2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	1	Example II	
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Arteriosclerosis MAY 6 1937	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
(harm			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastrocnteritis	1 year

should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLA

ARGIN RESERVED

1. PLACE OF DEATH	——————————————————————————————————————
County Prince Tenglo	Registration Dist. No. 230
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Jennie Carnell Prielea	1d If U. S. Veteran, specify WAR.
(a) Residence: No Beruya, Wed-	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Correction of Divorced (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBANO of (or) WIFE of Chillians & Prichard	22. I HEREBY CERTIFY, That I attended deceased from October 183513. p., to., October 8. 1937.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than 1 day,hrs.	I HE FRINCITAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were es follows: Nuleal & artie regreptaling Date of onset Live
kind of work done, as SPINNER, College Book KEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this occupetion (month and 10.2.2.) 11. Total time (years) spent in this (7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	
12. BIRTHPLACE (city or town) Beffest, Ireland (State or country)	Other Contributory Causes of Importance:
	Mescu!
13. NAME 14. BIRTHPLACE (city or town) England (State or country)	Neme of operation Dete of Wes there an eutopsyld
15. MAIDEN NAME PLENENSEL	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME PLANE (city or town) LLN RELIEVE	Accident, suicide, or homicide?Oate of injury, 19
17. INFORMANT Etta! Mac Dougla!	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Blackstone Va Date Ster 11, 1937	Manner of injury
19. UNDERTAKER Of Gaselis Jones (Address) Sayattiville m d	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILE CAN -9-, 1927 Sand Smith	(Signed) Bluff M. M. C. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No. 1

ż

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Chronic interstitial nephritis WAY 6 1007	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUCEAU V. S.			
	73		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECERD. Every item of inforproperly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be N. B.—WRITE PLAIMLY, WITH

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—CERTIFICATE OF DEAT

1	SIAIL OF MARYLAND— PLACE OF DEATH	
	County Prince George	Registration Dist. No. 238
		death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long In U.S. if of foreign birth?yrsmosd
2	of the Wall	If U. S. Veteran, specify WAR
parameter	(a) Residence: No. Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, 5	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a.	If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22I HEREBY CERTIFY, That I attended decaased fro
6. 1	DATE OF BIRTH (month, day, and year) Dec 27 1862	1 lagt saw h sace aliva on affect 2 3 , 1937; death is sa
7. /	3 27 1 day,hrs.	to have occurred on the date stated abova, at. 10334 mg. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Z	8. Trede, profession, or particular kind of work done as SPINNER	wara as follows: Date of one
OCCUPATIO	kind of work done, as SPINNER, Farmely SAWYER, BOOKKEEPER, etc Farmely 9. Industry or business in which	1140 grafiación hace
CCUF	work was dona, as SILK MILL, SAW MILL, BANK, etc	nove, blodder, and dection,
0	this occupation (month and 1935 spant in this occupation	Other Centributory Causes of Importance:
12.	BIRTHPLACE (city or town) (Stata or country) James Stearso Co Med.	marked electricity
HER	13. NAME John Jacob Sellula	I deman of entire lody unle
FATHER	14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Data of Data of What tast confirmed diagnosis? Was there an autopsy? 24.
ER	15. MAIDEN NAME Mary Ely bette Biggs	23. If death was due to external causas (VIOLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (city or town)	Accidant, suicida, or homicide? Date of injury, 19
X	(State or country) Prince George Co. Mila	Where did Injury occur?
17.	INFORMANT Rasama Selluer Shipley (Address) anacostia oc 144	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place Oxox Helf, and Data 4/27/ 1937	Menner of Injury
19	UNDERTAKER Thomas F. Muriay Son.	Nature of Injury 24. Was diseasa or injury In eny way related to occupation of decaesad?
	FILED 199 Shung ton De Juensey	If so, specify (Signad) Saul Wantfutto M

V. S. No. 1

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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·i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1000	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

Exact statement

of OCCUPA-

AINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

CARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified. E

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Ty Tus.	Registration Dist, No. 29%
Village or City 727 Rause Class (C) Langth of residanca in city or town where daath occurred yrs, mo	No. 3 2 2 2 Late St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Elizabeth C	Spliburn.
(a) Residence: No. 33 22 Math	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warnel ia. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Joseph Frances	22. THEREBY CERTIFY, That I attended deceased from 1937, to 19
5. DATE OF BIRTH (month, day, and year) July 1 8 7 5 7. AGE Years Months Days If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at
8 Trade profession or particular	ware as follows: Date of onse Throubasis
kind of work done, as SPINNER, SAWYER, BOOKKEFPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceased last worked at his occupation (month and	
year) Spantin (ns)	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Aurel Subget to (Stata or country) 13. NAME W 20	-
13. NAME Wage 14. BIRTHPLACE (city or town). Allebandrie (Stata or country)	Name of operation Date of
15. MAIDEN NAME WOODER C	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Combe 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicida, or homicida?
7. INFORMANT Marjorie Glenn (Address) 6522-4 Place Wash & C	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Mashington & Chate afail 10, 19 37	Mannar of injury Nature of injury
9. UNDERTAKERT THE STATE OF STATES COMMENTAL C	24. Was disease or injury In any way related to occupation of dacaasad?
20. FILED 19 3 May bally Mal	(Signad) — ST COLLOW M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUPFAU V. S.			3 7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4 4 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	
of i	county Prince Jerass	Registration Dist. No. 2 3 3
item of should of OCC	Village or City Buckery Herry	1 No. St., Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Every CIANS ement	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
CILA EM	2. FULL NAME VILLIM freel Sep	New If U. S. Veteran, specify WAR
RD. Every YSICIANS statement	(a) Residence: No. 19 4 Souther (Usual place of abode)	St., Ward. If nonresident give city or town and State
CORD. Every PHYSICIANS ict statement	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECO Fract	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
E X 3 .	note what morried	(Month) (Day) (Year)
NDING VMANEN X A C T I	5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That Latended deceased from
DI LAN A C assi	(or) WIFE of Joa Shepherd	22. I HEREBY CERTIFY, That Laterided deceased from
	6. DATE OF BIRTH (month, day, end year) march 21, 1836	deeth is sai
	7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
FOR IS A stated proper	61 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
- 70	2 Trade profession or particular	Cardis rascular Date of onset
VED THIS ay be as be ck of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	renol disease
RVE TOURS MAN	9, Industry or business in which work was done, es SILK MILL.	
RESER G INK— IGE shou that it mounts on ba		
RES VG IN AGE that ons o	O this occupation (month end spent in this year) occupation	
Z	12. BIRTHPLACE (city or town) & Oustrick Toleraby	Other Castributory Casses of importance:
RGIN NFADIA plied. rms, so nstructi	(State or country)	
ARG UNFA supplied n terms, ee instr	13. NAME John Shappend	
D H + o	13. NAME TO Shape 14. BIRTHPLACE (city or town)	Neme of operation Dete of
TO	(State of country)	Whet test confirmed diagnosis? None Was there an autopsy? Lip
WITH efully in pla	15. MAIDEN NAME Elizabeth Smith 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
£ 17		Accident, suicide, or homicide? Dete of Injury
AINLY, d be can DEATH y import	State or country	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT ME SIG THEM	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Phond OF D	(Address) / G Southerline 18. BURIAL CREMATION, OR REMOVAN	Manage of 1-1
THE WAY	Place Fourtille Uss. Date Gar. 4 19.37	Manner of injury Nature of injury
-WRITI mation CAUSE TION is	The Market	24. Was disease or injury in any way related to occupation of deceased?
C.A.	19. UNDERTAKER Y OW IS SEEN WATER LECT	If so, specify Oslaw To Orall celting Covern
S. N.	We The Shillist	(Signed) James J. James M.
s z	20. FILED 7/ 1931 Nov. 1 Suffer. Registrar.	(Address) Intertalle Ohy
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MAY 6 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state JRD. Every item of inforof OCCUPA-PHYSICIANS Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

FOR BINDING

ARGIN RESERVED

SIAIL OF MARYLAND-	-CERTIFICATE OF DEATH
county Prince Georges	Registration Dist. No. 245
Village or City Au atta mbo.	No. St. Wa
	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long In U.S. If of foreign birth?
2. FULL NAME Whilimina Stel	USC If U. S. Veteran, specify WAR
	allest, M & Ward. I
\ (Usual place of Abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temple white or DIVORCED (write the word)	(Month) (Day) (Year)
HUSBANO OF (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased fr
DATE OF BIRTH (month, day, end yeer) 4- 1c. 25" 840	last say h alive on A d O a a 18 C death is s
AGE Years Months Deys If LESS than	to have occurred on the data stated above, at
88 1 1 1 1 day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cerebral approprios ap
work was done, as SILK MILL,	
10. Bate deceased lest worked et this occupation (month and spent in this	
year) occupetion	Other Contributory Causes of Importance:
IZ. BIRTHPLACE (city or town)	74B P many your
13. NAME Can sure Robertson	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Colinabeth Frust	23. If deeth was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?Oate of Injury, 19
(State or country) , amaica W.c.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CAMPAGE CONTROL (Address)	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLÁČE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Nat. Cafe Miser Carbine afgr 13/, 19.5	Nature of injury
19. UNDERTAKER Of Gascles Jour de (Address) Philasselle un d	24. Was disease or injury In any way related to occupation of deceased?
Cl. 112 24 2	If so, spacify
20. FILEOUTUL 12/9 3 1 1 Mo Jas Deven	(Address)

If more blanks are needed odress State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. J. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1 0		
	*		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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state JPA-	STATE OF MARYLAND	CERTIFICATE OF DEATH
sts	1. PLACE OF DEATH	93:0
PI CC	county ormce georges	Registration Dist. No. 245
should f OCC	Village or City Tarksma Park	No. 29 Flower are St. Ward
of		death occurred in a hospital or institution, give its NAME instead of street and number)
NS H	Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
IA	2. FULL NAME VALERIA ELIZABETH SV	VEARINGEN
YSICIANS	(a) Residence: No. 29 FLOWER AVE	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH
G.	Temale White Widowed	(Month) (Oay) (Year)
X A C T classified	5a. If married, widowed, or divorced HUSBAND of	
A ((or) WIFE of Henry H. Kwearingen	13 th 13 th 13 th 19 That I ettended deceased from
	6. DATE OF BIRTH (month, day, and year) left 8 1854	15 to
stated E properly certificate	7. AGE Yeers Months Oays, If LESS than	I last saw h 27 elive on Colored 12 100 , 19 J ; death is said
stated E properly ertificate	1. AGE 16613 Months Oays, 11 LESS than 1 day,hrs.	to have occurred on the date steted above, et. Quillo Quem. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
sta pro ert	7 ormin.	were esfollows:
be lo	8. Trade, profession, or perticular kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Hyfer out premnous (Francheal). Dura- 4:11.19
	Kind of work done, es SPINNER, Housewife SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Own (Low) Home 10. Date deceased lest worked at this occupation (month and April 1977) 10. Date deceased lest worked at this occupation (month and April 1977) 11. Total time (years) spant in this	tean two days
should it may n back	9. Industry or business in which work was done, as SILK MILL, Own (Lou's) Home SAW MILL, BANK, etc.	Chronic myscarditis Cever 4-13-3
sh it on	10. Date deceased lest worked at 11. Total time (years)	Quarties : Eight years.
	this occupation (month and April 1937 spent in this occupation occupation	
AGE so that ctions	Philadelphia	Other Coutributory Causes of importance:
4 0 100	12. BIRTHPLACE (city or town)	
pplied. AGI	11	The work rheumatics
	I Lamertary (2)	· · · · · · · · · · · · · · · · · · ·
sul vin t	14. BIRTHPLACE (city or town) (Stete or country) Massa chusetts	Name of operation. Date of
pla	" + 1	What test confirmed diagnosis? Wes there an autopsy?
be carefu EATH in i	15. MAIDEN NAME Corella Maria SEXTUS 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17.	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
car TH ort		Accident, suicide, or homicide?
be car EATH import	(State or country) asigns of cuba	Where did injury occur?(Specify city or town, county and State)
PAN	17. INFORMANT // Swearingen (son)	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	(Address) 29 Flower (We. Jah. Ph.	
E C is	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
mation shou CAUSE OF TION is ver	Place Claux 1944 Date 7, 12/	Nature of Injury
CAUS TION	19. UNDERTAKER WARNER E. PUMPHREY	24. Was disease or injury In any way related to occupation of deceased?
	(Address) lilver offring mo	If so, specify
•	20 FILESTANI 23, 1937 Mrs Jas. Derene.	(Signed) Salville Lyndings M.D.
4	Registrar.	(Address) Succession Able.
	If more blanks are needed, Adress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year
		ನಿ ನಿ	13
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

44

1. PLACE OF DEATH	(95 fr)
County Orince Deorge	Registration Dist. No. 27.3
Village or City 13 sentwood	No. 3720 Saseh St., 4 War
Length of residence in city or town where deeth occurred 24 yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number) Lods. How long In U.S. If of foreign birth?
2. FULL NAME Edward Sword	If U. S. Veteran, specify WAR
(a) Residence: No. 3720 Lasch st	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH
male White married married of the married	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decassed fro
wase sword	10 et. 31 19.33, to april 27 19.37
DATE OF BIRTH (month, day, and year) DIE, 14 1876	I last saw h. an aliva on agree 2.7 19.37; death is sa
AGE Years Months Oays II LESS than	to have occurred on the date stated above, at 10:55 P.m.
61 3 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance
	wera as follows:
8. Trada, profession, or particular kind of work done, es SPINNER, Steamfitter	C - L of Hanna Land
9. Industry or business in which	The state of the s
kind of work done, es SPINNER, Steamfutter SAWYER, BOOKKEPER, etc Steamfutter Industry or business in which work was done, as SILK MILL, Washington Jer. R. R. SAW MILL, BANK, etc 10. Date decessed lest worked et 10. Date decessed lest worked et 11. Total tima (years) This occupation (month and	
yaar) (9.33) spentri tills 3.47	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Washington &. C.	Cerebal Ortenwishborn 1934
(State or country)	
13. NAME Charles Sword 14. BIRTHPLACE (city or town) S. Colland	
14. BIRTHPLACE (city or town) Scotland	Nama of operation Dete of
(State or country)	Whet test confirmed diagnosis? Was thara an autopsy? Les
16. BIRTHPLACE (city or town) Y ragina 0	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) V rainua	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
INFORMANT 309 Rock Good Church Pro	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)	- I The state of t
BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Placa CEDAR HILL M. Cate APR 29;19 37	Nature of Injury
CF Marcha d	24. Was disease or injury in any way related to occupation of decaased?
9. UNOERTAKER TAKER ARCHITECTURE (Addrass)	If so, specify
of the state of th	(Signad) (J. B. M. M.
a FILED Upoul 29 /19.3 [Ima , fax officere	(Address) 330 3 Penny St Net Raine
M. Llast Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	[1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
•			

BINDING

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH If nonresident give city or town and State F Y. That I attended deceased from Date of open (Specify city or town, county and State)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of do of importance were as for Arteriosclerosis	eath and related causes llows:	3 1	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAL 9 7931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL	SPACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Exact statement of OCCUPA. ARGIN RESERVED FOR BINDING

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF !	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	,	1077
County Prince &	Words	Registration Dist. No. 2 42
Village or City Lowns	with Height	No. 5702 (Nelson Ref. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurred 7yrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary J	. / surner	If U. S. Veteran, specify WAR
(a) Residence: No. 3 701/2 VC	(Usual place of abode)	St., Ward. If nonresideot give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5 Jenuale Colored	or DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of house	Turner	22. I HEREBY CERTIFY, That I attended deceased from 25. 1937, to Spire 23, 1927.
6. DATE OF BIRTH (month, day, end year) Feli	- 93 1874	I lest saw here alive on April 2 2 1937; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, et / LELO A.m.
64 9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	Lavese uselo	were es follows: Date of onset 12 roucho Preumine 4-221
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month and	uon Some	Cente Myo carlitis 4.9-37
10. Date deceased lest worked et this occupetion (month and yeer)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Wash	inston	Other Contributory Causes of Importance:
(State or country)	black	replietes 4-12-07
13. NAME / Lowas 14. BIRTHPLACE (city or town) / Case (State or country)	lineytors	Name of operation Date of What test confirmed diegnosis? Would Was there an autopsy?
15. MAIDEN NAME Cather	ice Clark	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Saturday 16. BIRTHPLACE (city or town) (State or country)	- like gton	Accident, suicide, or homicide?
17. INFORMANT Mus. Lattie	Wellang	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Washington DC	Date 4-26 ,1937	Menner of injury
19. UNDERTAKER Walter E. 16. (Address) 2503- W.	funter cliots les & E	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO Gril 24, 1937 Gra	Les dors	(Signed) farusar C, Baldan M.D. (Address) Law mount Lucks, mol (

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 195	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
10,11 V	الليسان		
	and the same of th		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, ————————————————————————————————————	

N. B.-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

4401

1. PLACE OF DEATH	43-6	
County Gratterill and Trine	e Ger Registration Dist. No.	45
Village of City Chitlum	No. Mather Jones Rest Ho	ne_Ward
Linear Control of the	If death occurred in a hospital or institution give its NAME instead of street and	number)
0 -1 -11	sds. How long In U.S. If of foreign birth?yrst	mosds
2. FULL NAME Mary aftel Coss	If U. S. Veteran, specify WAR	
(a) Residence: No. 1 Department James (Uprasolace of abode)	ista, Word. 142 Enclish St. N.W. If nonresident give city or town an	Wash State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	21. DATE OF DEATH april 12.	, 193 7
a. If marriad, widowed, or divorcad	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended. 19.37, to Light !	deceesed from
DATE OF BIRTH (month, day, and year) March 29 1832	i last saw h. M. aliva on april 12, 19.2	Z; death is sale
AGE Years Months Days If LESS than	to have occurred on the data stated above, at	
3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Date of onset
8. Treda, profassion, or particular	A 11	Date of onse
kind of work done, as SPINNER, Stone Leefen	acute Cardial Deletation	4/12/
ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	nujo caraites Chr	7
10. Dete deceased lest worked et 11. Total time (years)		
this occupation (month end 1917 spent in this occupation spent in this occupation	arteris peterses	
	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) (State or country)		
13. NAME Urlliam Dass 14. BIRTHPLACE (city or town)		
TA BIRTHID AND COLOR OF ANDREWS	Name of operation	
14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was thera an	
15. MAIDEN NAME	23. If daath was due to externed causes (VIOLENCE) fill in elso tha following	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State or country)	Where dld injury occur?	
min many many 1/ und	Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ate)
(Address) 1422 Euclid of n.w.		Littor.
8. BURIAL, CREMATION, OF REMOVAL	Menner of injury	
Piece Wash D. C Data 4/13/31,19	Nature of injury	
a HADEDTANED IN I Huntenson	24. Wes disease or injumy in any wey releted to occupation of deceased?	
9. UNDERTAKER 17 At Augumanna (Address) 1011- 1 at h w:	If so, specify	
S. O. M. D. S.	(Signad) / Waster Court	
10. FILED ford 13, 1937 It has form of Registrar.	(Address) Keserdale kid.	
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis MAY 6 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	•			
Other contributory causes of importance:		Other contributory causes of importance:	· ·	
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	E OF MARYLAND	-CERTIFICATE OF DEATH	440%
County)-1- A	Registration Dist. No. 24	-2-
Village or City Chie	dreus deberculos	I death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town	where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrs	.mosds
2. FULL NAME drew	e Wales		
(a) Residence: No. 30.	P. ST. KW. WAS	Lt, St., D.C. Ward. If nonresident give city or town a	nd State
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jemale Color or RA	OP DIVOPCED (garries the word)	21. DATE OF DEATH (Month) (Day)	, 193.~/ (Year)
5a. If married, widowed, or divorced HUSBAND of			<i>y</i> '
(or) WIFE of		22. I HEREBY CERTIFY. That I attended March 17 40 , 1922, to Opril 23	ed deceased from
& DATE OF DIDTH (month day and war	7 1934	i last saw h alive on 19.6 f., to pred 23	death is said
6. DATE OF BIRTH (month, day, and year 7. AGE Years Mor	nths Days If LESS than	to have occurred on the date stated above, atm.	, ucam is san
^	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	To T	were-as follows:	Data of onset
kind of work done, as SPINN SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	ER, _	Tulmon and Julker Oulans	
9. Industry or business in which work was done, as SILK MILL		Moderately advanced	
work was done, as SILK MILL SAW MILL, BANK, etc	11. Total tima (years)	Ito desately advanced	
this occupation (month and	spent In this occupation	\$	
4.	. 0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	shinglow AC		
1 55	11201	- Cardiac Farluse	
I IS. WAITE LLOymond	wave.		
13. NAME Roymond 14. BIRTHPLACE (city or town)	Jashing Con DC	Name of operation	
	0	What test confirmed diagnosis? Was thera a	
E	Jones	23. If death was due to external causes (VIOLENCE) fill In also the follow Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)	applyed	Where did injury occur?	, 17
R	2 102000	(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC	itate)
(Address) 300 7	ST WASH DC	- spool, manually souther an industry, in name, or my oblig	LIVE
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place	, Date, 19	Nature of injury	
19. UNDERTAKER Maly (Address)	R Strut will	24. Was disease or Injury in any way related to occupation of deceased?	
20. FILED abr. 23 , 1937 Y	no. John W. Howas	(Signed) Daniel Leo Finneage	M.
	1) Registrar.	(Address) Childrens saw, & lenn	Dale m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CEDTIFICATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, who had no occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I STAD	لنت		
Other contributory causes of importance:		Other contributory causes of importance:	6
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

4403

1. PLACE OF DEATH	
county Jr. George	Registration Dist, No. 2 42
Village or City Se at Ple as ant ma.	NoSt Ward
(If	death occurred in a hospitalor institution, give its NAME instead of street and number)
A A M. VI) +A	ds. How long In U.S. if of foreign blrth?yrsmosds.
2. FULL NAME DERINA OWENS Walke	1f U. S. Veteran, specify WAR
(a) Residence: No. 62/6 - Well St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. O. F	22. I HEREBY CERTIFY, That I ettended deceased from
on willon our walking	, 19, to, 19,
6. DATE OF BIRTH (month, day, end yeer) Oct, 17 - 1883	I last saw h alive on alise death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et71.2.4.A.m.
537 6 3 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trede, profession, or particular kind of work dona, as SPINNER,	asslyptation from
SAWYER, BOOKKEEPER, etc.	Mountaining gas
9. Industry or business in which work was dona, as SILK MILL. House lufe	
kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Dete deceesed last worked at this occupetion (month and yeer) spant in this occupation.	- Lucide -
00 + 0	Other Contributary Capses of Importance:
12. BIRTHPLACE (city or town) (alvert w) (State or country) Mare Vand	Harry & Chicleson
A A A	700
13. NAME Salviel Schley 14. BIRTHPLACE (city or town)	Colling Coroner
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country) // wylang	Whet test confirmed diegnosis? Was there en autopsy?_N.O.
15. MAIDEN NAME Parmie Hardesty 16. BIRTHPLACE (city or town) (State or country)	23. If daeth was dua to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Mary Fard	Accident, suicide, or homicide?
(Stata or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT M. Mullan Wift alking (Address) 6216 - Noel St.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place addison Chafel Date april 23, 19 37	Neture of injury
19. UNDERTAKER HIS Lei Sars Co	24. Was disease or injury in any way related to occupation of deceased? No
(Address) 300 - 4" A. M.E.	If so, specify
20. FILED = 19 grace Dow	(Signed) W. Dutty Oulchie M. D.
ZO, FILED	(Address) Octa 1 Genning Sla OC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year